

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3/24/03.

I. DISPUTE

Whether there should be additional reimbursement for TENS electrodes - E1399 and 64999 – nerve block (unlisted procedure nervous system) from 4/12/02 through 8/12/02, reduced on the basis of “M” – fair and reasonable.

II. RATIONALE

Regarding the E-1399, unlisted DME dated 4/12/02 and 8/12/02, representing the TENS unit electrodes, the requestor did not furnish any information supporting their charges as fair and reasonable. The requestor did offer Medical Fee Guideline, DME, (X)(C) to support their position. However, this section of the MFG, does not establish a MAR for the equipment, it instead lists \$85.00 as the maximum allowable of TENS supplies, “except in unusual cases...” No evidence of there being an unusual case was submitted by the requestor. The carrier in their opinion paid fair and reasonable and it was not properly refuted by the requestor. On this basis, additional reimbursement is not recommended.

Regarding the 64999 – nerve block (unlisted procedure nervous system), dated 7/12/02, the requestor furnished multiple redacted EOBs indicating the requestor’s charge of \$255.00 for this procedure was considered fair and reasonable by multiple carriers. Additionally, since this is an unlisted procedure, the requestor submitted medical reports supporting the service in dispute was for the nerve block. The amount paid was not refuted by the carrier. On this basis, an additional reimbursement of \$215.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 64999 in the amount of **\$215.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$215.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 13th day of October, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division